

Registration for Plumbing Apprentice
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Plumbing Division
P.O. Box 30255
Lansing, MI 48909
517/241-9330

83

OFFICE USE ONLY

83 - _____
Batch: 5 _____ 114
Date: _____

Fee: \$5.00

Authority: 2002 PA 733
Completion: Mandatory
Penalty: Certificate of Registration will not be issued

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions:

This form must be submitted within 30 days of employment as a plumbing apprentice. The master plumber having supervision shall sign the application and provide his/her license number.

- Complete and sign the application. Type or print in ink.
- Enclose a check payable to **State of Michigan** for \$5.00.
- Mail completed application and fee to the address shown above.

Applicant Information

NAME (Last, First, Middle Initial)			DATE OF BIRTH	AGE
HOME ADDRESS			SOCIAL SECURITY NO.	DATE APPRENTICESHIP BEGAN
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER (Include Area Code)

Apprenticeship School

Have you attended an apprenticeship school?	No	Yes	If yes, complete information below.
NAME OF SCHOOL	INSTRUCTOR		DATES (MO/DAY/YR) FROM: TO:

Education

HIGH SCHOOL	HIGHEST GRADE COMPETED	DATE GRADUATED
COLLEGE/UNIVERSITY	MAJOR	DATE GRADUATED

Background Information

Have you been convicted of a felony or misdemeanor?	No	Yes
If yes, you will be provided with a "Request for Conviction History" form after filing this application. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for issuance of a plumber's apprentice registration.		

Employment

PRESENT EMPLOYER	NAME OF MASTER PLUMBER		
BUSINESS ADDRESS (Street No. and Name)	CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT (Month/Day/Year) FROM: TO:			

Signature of Master Plumber Having Supervision Responsibility

I certify the applicant is employed by the above named company for which I am the authorized master plumber. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF MASTER PLUMBER	
LICENSE NUMBER	DATE

Certification and Signature

I certify that the information provided is true and accurate to the best of my ability. I further understand that falsification of any statement is cause for rejection of application or revocation of plumbing apprentice registration, if issued.	
APPLICANT'S SIGNATURE	DATE